

Georgia Department of Human Services



YOUTH EMPOWERMENT SERIES

2016-2017 Application

PERSONAL INFORMATION

LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
STREET	<input type="text"/>		
ADDRESS: CITY:	<input type="text"/>		
STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
EMAIL ADDRESS:	<input type="text"/>	PHONE NUMBER:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>	GENDER	<input type="radio"/> Female <input type="radio"/> Male

Please indicate the racial/ethnic categories by which you identify. (optional)

- ☐ African American
- ☐ Native American
- ☐ Hispanic/Latino
- ☐ Asian/Pacific
- ☐ Islander Caucasian
- ☐ Prefer not to answer
- ☐ Other

If other, please specify

How did you hear about the Youth Empowerment Series? (Select all that apply)

- ☐ DHS Website
- ☐ Friend/Family
- ☐ Member Community
- ☐ Event School
- ☐ DHS Staff
- ☐ Internet/E-mail
- ☐ Other

If other, please specify

EDUCATION

NAME OF SCHOOL:	<input type="text"/>		
STREET ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>		
STATE:	<input type="text"/>	ZIP CODE:	<input type="text"/>
I AM A RISING :	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	
	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	

PARENT or GUARDIAN INFORMATION

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>		
CITY	<input type="text"/>		
STATE	<input type="text"/>	ZIP CODE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		
PHONE NUMBER	<input type="text"/>		

EMERGENCY CONTACT

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>		
CITY	<input type="text"/>		
STATE	<input type="text"/>	ZIP CODE	<input type="text"/>
RELATIONSHIP	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		
PHONE NUMBER	<input type="text"/>		

COMMITMENT

DHS YES members are expected to work hard alongside their peers as they use their voices to become agents for change. DHS YES events are mandatory as they are critical to achieving the mission of the program: Support Georgia's families by providing opportunities for empowerment, learning and community impact to youth. Each gathering will be different, engaging, productive and fun! If selected to participate, you are agreeing to meet the following expectations:

1. Attend all DHS YES meetings and events in order to successfully complete the program
2. Stay in communication with other DHS YES participants and leaders
3. Contribute in your fullest capacity during the duration of the series
4. Actively participate with a great attitude
5. Uplift and support your fellow DHS YES peers

YES meetings are held 6 times during the year. If selected, are you willing to commit to the group and attend these meetings?

- ☐ YES
☐ NO

If selected, are you able to provide reliable transportation to meetings?

- ☐ YES
☐ NO

Please note: There is no personal monetary cost associated with applying to or completing the Youth Empowerment Series. If selected as a participant, all expenses are covered.

SHORT ANSWER

1. Why do you want to become part of the DHS Youth Empowerment Series?

2. Why is it important that youth have a voice in their communities?

REFERENCE FORMS

Two reference forms are required when submitting a DHS YES application. Please have your adult references (coaches, teachers, mentors etc.) complete the form separately by downloading the form on dhs.georgia.gov/apply-yes and submitting it as set forth below.

Forms should be submitted directly by the individual reference on behalf of the applicant. Applicants should not submit forms on behalf on the adult reference. Completed reference forms should be submitted using one of the methods below:

E-mail: kristyn.cherry@dhs.ga.gov

Fax: 770-342-7506

Mail: ATTN: Kristyn Cherry
Georgia Department of Human Services
2 Peachtree Street, N.W., Suite 29.262
Atlanta, Georgia 30303-3142

REQUIREMENTS **Please have your high school guidance counselor complete this section**

DHS YES defines a promising student using the guidelines below:

Academic Achievement.

A Student should have exhibited persistence and interest in learning, such as those students who have the ability to earn A and B grades in Core courses with the assistance of an academic coach or mentor, but who may not earn these grades without additional support.

According to the statement
above, does this student meet
this requirement?

- ☐ Yes
☐ No
☐ Unable to answer

Attendance.

A student's attendance record must demonstrate the student's adherence to the established policies and procedures of the local board of education and adherence to mandatory state school attendance policies (O.C.G.A. §20-2-690.1, et seq.).

Does this student's record meet
the requirements set forth in
O.C.G.A. §20-2-690.1?

- ☐ Yes
☐ No
☐ Unable to answer

Discipline and Behavior Requirements

A student must not have more than two total combined Level I and/or Level II disciplinary infractions or one Level III disciplinary infraction and no out-of-school suspensions, as defined by Georgia's Progressive Discipline Model (O.C.G.A. §20-2-735, et seq.).

Has this student ever had any
disciplinary infractions or
suspensions as stated above?

- ☐ Yes
☐ No
☐ Unable to answer

I, (), certify that ()

Print counselor's name

Print applicant's name

meets the requirements listed above regarding academics, attendance and behavior.

PRINT NAME

TITLE

SIGNATURE

DATE

PHONE
NUMBER

EMAIL ADDRESS

GUARDIAN PERMISSION FORM

Please respond to the following statements, then sign and date the form.

Check the appropriate box to indicate your response.

I grant my permission for my child to participate in the 2016-2017 DHS Youth Empowerment Series.

☐ YES

☐ NO

I grant my permission for the Georgia Department of Human Services to release my child's name and school of attendance to the public

☐ YES

☐ NO

DHS YES applicants must have two reference forms and a signature from his/her guidance counselor to be considered for participation in this program. The purpose of the reference form and guidance counselor signature is to supply important information for each student's application to the Youth Empowerment Series. This information may include, but is not limited to, an evaluation of and all aspects of the student's academic performance and/or non academic experience relative to the program selection process.

NOTE: Under the Family Educational Privacy Rights Act, 20 U.S.C 123 (g.), you may, but are not required to, waive your rights of access to confidential references given for any of the purposes listed in this form. If you waive your rights of access, this waiver remains valid indefinitely. Check the appropriate box below.

I waive my right to access or review letters of recommendation.

☐

I do not waive my rights to access or review letters of recommendation.

☐

Guardian Signature

Applicant Signature

Date

Please submit your completed application using one of the methods below:

E-mail: kristyn.cherry@dhs.ga.gov

Fax: 770-359-1822

Mail: ATTN: Kristyn Cherry
Georgia Department of Human Services
2 Peachtree Street, N.W., Suite 29.262
Atlanta, Georgia 30303-3142

All applications and materials, including reference forms, must be submitted and/or postmarked by May 6, 2016.

Thank you for applying! You will be notified via phone or e-mail on the status of your application. Visit dhs.georgia.gov/youth-empowerment-series-yes to learn more about the Youth Empowerment Series. Please direct any questions you may have to Kristyn.Cherry@dhs.ga.gov or 404-463-6702.
